

**MULTIPLE DEPENDENT CLAIM  
FEEDBACK CIRCULATION SHEET**  
(FOR USE WITH FORM FTO-875)

SERIAL **40-5388070**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
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TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

FTO-875 (REV. 1-1975)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY